

ELECTION FORM

Financial institutions use this form to elect the method for participating in the Financial Institution Data Match with the Franchise Tax Board (FTB). Please refer to the instructions on the reverse side for more information. When completed and signed by an authorized representative of your organization, this form will serve as the official data processing agreement with the Franchise Tax Board.

YOUR ORGANIZATION						
Name:	FEIN:					
Contact:	Phone:					
E-Mail:	Fax:					
Street address:	Mailing address (if different from street address):					
Attn (optional):	Attn (optional):					
	<u> </u>					
ACTION	EXCHANGE METHOD					
Effective Date of Change or Election	Method 1 The All Accounts Method. The first quarter of participation in a calendar year, the financial institution submits a file to FTB of all open accounts. For subsequent quarters, the file may contain all open accounts or just updates of opened, closed or changed accounts.					
Initial Election	Method 2 Method 2 FTB sends a list of child support debtors (the Inquiry File) to the financial institution. The financial institution matches the Inquiry File against all open accounts and					
☐ Change election	returns a file (the Match File) of the matched accounts. The Inquiry File will be provided on one of the following types of media (select one): IBM 3480 tape cartridge standard ½" 9 track tape reel CD					
Add or change transmitter						
TRANSMITTER INFORMA	ATION					
If you plan to use a transm	nitter to exchange data with the Franchise Tax Board, please provide the following					
information about your trai						
Transmitter Name:	FEIN:					
Address: ATTN (optiona):					
	Phone:					
E-Mail: Fax:						
AUTHORIZED REPRESENTATIVE						
Name (please print):	Title:					
Signature: Date:						
42 USC Section 666 (a) (17) (C) established	s that a financial institution shall not be liable under any federal or state law to any person for any disclosure of information to FTR (acting on					

42 USC Section 666 (a) (17) (C) establishes that a financial institution shall not be liable under any federal or state law to any person for any disclosure of information to FTB (acting on behalf of the California Department of Social Services, the state's IV-D agency) for providing the required information covered in 42 USC Section 666 (a) (17) (A) (i). In addition, a financial institution will not be held liable for any other action taken in good faith to comply with the requirements of 42 USC Section 666 (a) (17) (C). Sections 19552 and 19271.6 of the California Revenue and Taxation Code provide that unauthorized disclosure or use of confidential Franchise Tax Board information is a misdemeanor.

INSTRUCTIONS

FIDM Election Form

Purpose

This form is used to elect the method for participating in the Financial Institution Data Match (FIDM) with the Franchise Tax Board (FTB). Complete this form including the authorized signature and fax it to (916) 845-0412 or mail it to:

FIDM: Mail Stop B-40 Franchise Tax Board PO Box 460

Rancho Cordova CA 95741-0460

Calendar Year Participation

The Election form not only meets the federal requirement to enter into agreement to exchange data, but it also establishes where and to whom the Method 2 Inquiry File needs to be sent each quarter. Although the Election Form due date was set at 75 days prior to the data exchange due date, FTB will accept Election Forms at any time. However, in order to receive a Method 2 Inquiry File according to schedule, the Election Form must be received prior to the Inquiry File mail date shown below.

Quarter	Quarter Months	Election Due	FTB Inquiry File Mail Date (Meth 2)	Method 1 & 2 Data Due
1 st Qtr	Jan, Feb, Mar	Jan 15	Apr 15	May 30
2 nd Qtr	Apr, May, Jun	Apr 15	July 15	Aug 30
3 rd Qtr	Jul, Aug, Sep	Jul 15	Oct 15	Nov 30
4 th Qtr	Oct, Nov, Dec	Oct 15	Jan 15	Feb 28

Your Organization

Complete the Name line in this section of the form with the exact name that you will enter as the institution name in the "A" Record of the Method 1 or Method 2 file that you will submit to FTB. Also enter the same name on the Magnetic Media Transmittal Form FTB 2049C. When one institution is submitting a separate file for each of its money market mutual funds, each fund should be treated as if it is a separate financial institution by filing a Election Form for each fund with the reporting institution shown as the transmitter.

Generally, FTB uses the organization street address for mailing, unless a different address is provided as the mailing address. However, FTB sends packages (all Method 2 Inquiry Files) by UPS, and must use the street address for delivery, not a PO Box. Therefore, the Method 2 Inquiry File will not be sent to the organization's mailing address if it is a PO Box.

Inquiry File Media

The standard ½" 9 track tape reel will have a density of 6250 BPI unless 1600 BPI is specifically requested.

Transmitter Information

Enter the requested information about the organization that will participate in the data exchange (Method 1 or Method 2) on behalf of your organization. The Method 2 Inquiry File will be sent directly to your transmitter unless you contact our FIDM Call Site to make other arrangements.

Do not enter your organization on the form as its own transmitter, unless you are also submitting a separate file (which may be included on the same tape, diskette or CD) on the behalf of another financial institution. In this instance, your organization would be entered as the transmitter on both forms.

Enter a street address for your transmitter, not a PO Box.

Definitions

FEIN: Federal Employer Identification Number

Authorized Representative: An officer or executive of your organization.

Assistance

The FIDM Call Site: (916) 845-6304